

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Monica Perez

Name

(2) 1243 WEST 79 STREET

Address (number and street)

HIALEAH, FL 33014

City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: _____

OFFICE USE ONLY

OCT18'19 12:03PM

(4) Check appropriate box(es):

☒ Candidate Office Sought: CITY COUNCIL GROUP 1

☐ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)

☐ Party Executive Committee (PTY)

☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)

☐ Check here if PC or ECO has disbanded

☐ Check here if PTY has disbanded

☐ Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 9 / 1 / 19 To 10 / 4 / 19 Report Type: M9

☐ Original

☒ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$, 6 , 300 . 00

Loans \$, , .

Total Monetary \$, , .

In-Kind \$, , .

(7) Expenditures This Report

Monetary Expenditures \$, , . 00

Transfers to Office Account \$, , .

Total Monetary \$, , .

(8) Other Distributions

\$, , .

(9) TOTAL Monetary Contributions To Date

\$, 11 , 705 . 00

(10) TOTAL Monetary Expenditures To Date

\$, 4 , 682 . 09

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name)

☐ Individual (only for IE or electioneering comm.) ☒ Treasurer ☐ Deputy Treasurer

X Monica Perez
Signature

(Type name)

☒ Candidate ☐ Chairperson (only for PC and PTY)

X Monica Perez
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Monica Perez (2) I.D. Number _____(3) Cover Period 9 / 1 / 19 through 10 / 4 / 19 (4) Page 1 of 2

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number							
9 6 19 / /	MEDENVIOS 7415 CORPORATE CENTER DR. BAY E MIAMI, FL 33126	B	HEALTHCARE	CHE			500.00
M9-1							
9 6 19 / /	MRS ALIDA MILIAN RUIZ 471 E 52 ST HIALEAH, FL 33013	I	RETIRED	CHE			100.00
M9-2							
9 6 19 / /	MR JOAQUIN RUIZ 471 E 52 ST HIALEAH, FL 33013	I	RETIRED	CAS			100.00
M9-3							
9 6 19 / /	ALIDA HERNANDEZ 19550 NW 57 CT. HIALEAH, FL 33015	I	HEALTHCARE	CAS			200.00
M9-4							
9 6 19 / /	TERESA J FERNANDEZ 643 SAWYER DR SUMMRLND KEY, FL 33042-4047	I	RETIRED	CHE			400.00
M9-5							
9 16 19 / /	SOUTH FLORIDA COUNCIL FIREFIGHTERS PAC 8000 NW 21 ST #205 MIAMI, FL 33122	F	PAC	CHE			1,000.00
M9-6							
9 16 19 / /	MIAMI FIREFIGHTERS PAC II 2980 NW SOUTH RIVER DRIVE MIAMI, FL 33125-1146	F	PAC	CHE			1,000.00
M9-7							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name MONICA PEREZ (2) I.D. Number _____(3) Cover Period 9 / 1 / 19 through 10 / 4 / 19 (4) Page 2 of 2

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation				
9 / 16 / 19 M9-8	HIALEAH FIRE PAC 752 E 1 AVE HIALEAH, FL 33010	F	PAC	CHE			1,000.00
9 / 30 / 19 M9-9	CORAL GABLES PROFES FIREFIGHTERS ASSOC PO BOX 140071 CORAL GABLES, FL 33114-0071	B	FIREFIGHTERS Association	CHE			1,000.00
9 / 30 / 19 M9-10	FIREFIGHTERS OF MIAMI BEACH LOCAL 1510 1521 ALTON TOAD #114 MIAMI BEACH, FL 33139	F	PAC	CHE			1,000.00
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